

COVID-19 Vaccine 12/10/2020 - LGBTQIA+ Unedited Transcript

>> Hey, there. This is a captioning test. All right, Good Evening, everyone, we are getting ready to start up at the top of the hour. Just wanting to welcome and thank everybody for joining us for our LGBTQIA plus, about Virginia's efforts, as it relates to the COVID-19 vaccine. We have a good Pam to hear from. More importantly, looking to hearing from you all, so that we can hear your questions, as well as your comments, as we are looking to, engage and make sure that we understand, the community's needs as we prepare for the COVID-19 vaccine. Just a little bit, I am, the director of the office of equity and chair of our, health equity working group. And also, working staff support for our, fantastic, vaccine advisory work group, communication, messaging group which you will hear about more in a few moments. We have, a roll call, have you introduce yourselves in the chat. Share, name, pronouns, organization, so we can see who we have participating in the meeting today. Hopefully we will be able to get folks to do soon. Also hoping you will utilize the chat box, because you are going to hearing a lot of great information. Also we want to make sure we can capture all of your questions, so, feel free to -- if you are seeing something, in, and you hear something and that strikes a chord in your mind, please ask your questions and put them in the chat. And we will address them during our Q/A. And thanks to y'all who are introducing yourselves. Wanting, as house keeping note to let everyone know that while we are in the -- information sharing time, your lines will be muted at the beginning of the meeting but as we move forward into the Q/A time and also during the public comment time, we will unmute those lines after they're recognized. For us to hear from you. And also, a public meeting, this meeting is being recorded and it is going to be shared on the -- on our website and also shared with the participants because, we know that everyone is doing a million and five things, we want to make sure that, that --

we are making this available to folk whose have to work, or have other responsibilities that made sure that they couldn't participate in this time. So, with I think that puts most house keeping pieces behind us. But let's talk about, one more thing. We have some accommodations that we have made for accessibility. Veronica, did you, if you could talk about what options we have for folks this evening.

>> Yes, sable. Accommodations for accessibility on this evening are Virginia relay, remote captioning conferencing. So, I will be placing the link in the chat box for you. If those services are needed. Thank you, sable K.

>> Thank you, Veronica. Want to let everyone know that we did make language interpretation available but did not have requests for that accommodation for this meeting. And, just wanted to lay out for people, what you all can expect from our time together this evening. We are about to switch over to, welcoming and remarks, from, rose and then we are going to get a vaccine preparation overview from, epidemiologist at VDH and also going to have, Kelly, give us a communicationsupdate. After you hear

from those folks you all will have the opportunity to ask some questions and, and, inform our communications and community engagement effort. After that we want you all to stick on. Because we are going to transition to our -- public comment portion. And to kick that off we are going to have James Milner and Natasha Crosby initiate the process then your turn. Everybody who is on the line, today, will have an opportunity, up to a minute at a time, to express a public comment.

Perhaps hesitancy, perhaps a myth you heard. Really just let us know how, how the Virginia department of health can best meet your needs in terms of information and supporting the community that we love. So, with that I am going to turn things over -- this is our, turn things over to, rose to give an update and to, talk to us a little bit and provide, welcome from the governor's office. Rose, are you there.

>> Hi, I'm here. Can you hear me okay?

>> We sure can. >> Awesome. Thank you, sable. Thank you so much to the VDH staff for putting the community conversations on. My name is rose minor, currently serve as special assistant for community engagement in director for LGBTQIA outreach for governor NORTHAM's office. Excited everyone can join in today and the news of the vaccine is super exciting as well. I definitely been having a smile on my face knowing that, we are, going to be in the process of moving, you know the vaccine out to Virginia and also across the country. And also, a little bit, feel kind of nervous, I do know that we are still in a very vulnerable position with this pandemic. I also encourage everyone to go into the governor's web page. He did have a -- press conference today with some new restrictions because our positivity rate unfortunately has gone up. So there are new gathering restrictions, I believe, ten person gathering per private and also, public gatherings. As

well. As well as, curfew from 12: 00 clock A.M. to 5:00 A.M

and it excludes like people who are going to work of course, or having to go to the hospital or to trying to take care of other essential needs. So I again do encourage you all to go on to the governor's website to read executive order. As well as to watch your local news channels. Tonight. Again, very excited we are having this conversation. I know that -- the pandemic has affected this community, LGBTQ plus community a lot as well people of color as well as disability community. I know that, there have been, LGBTQ plus trail blazers what have unfortunately pass add way in this pandemic.

People highly involved in Stonewall, during the aids epidemic, highly involved in transgender rights. As we think about this vaccine. We want to, I encourage, when this happens, I encourage people to -- to take it. To think about the people who were trail blazers and in history and to think that you are not only taking this vaccine for you but also for your community. For your

household. For all of the people that mean, matter in your life. Or even people you don't even know. And, we take this vaccine, and we keep on doing, good work. And deeds. In their names. So, again, I am super excited to, to be in this conversation. I will be taking notes. I put my contact information in the chat box, so if anyone wants to send me an Email, please do so. Thank you so much.

>> Thank you, rose. For folks who share their contact information in the chat, we know that you want us to share that. So when we get the -- when we send out our

follow-up after this time, you will be able to get the contact information for those who want to share publicly via the chat and also receive, a recording of this conversation. While talking about items coming out with the governor's office, want to make sure you knew this event is a collaboration between our health equity working group, and our vaccine advisory working group. Seeing my sister in arms on the, in the chat, Dr. Janice Underwood, she is leading our, health equity efforts for the commonwealth through the governor's office as our, director of diversity, and inclusion, for the Commonwealth. Thank you for your commitment to equity and for being and joining us today. Also, wanting to shout out, we have some really great members of our vaccine advisory work group on the call today. This event is cosponsored and led by our -- subworking group on, vaccine, communication,s and messaging. And I know that we have a, we have, at least one of our cochairs on, really want to thank them for their thought leadership and the time that they have taken to make sure that we are planning events such as this to, to engage the community, and make sure that we are getting a diverse -- group perspectives, looking to serve our communities during this time. So, with that I am going to turn things over to -- Marshal, to, to talk us through, some of the great work that is happening at VDH. Marshal is an epidemiologist at the Virginia department of health and also, serving as branch lead for our COVID-19 vaccine operations unit. Marshal, the first thing I would love for you to talk about for us, just explain for, for the folks we have on the line, what, what our Virginia -- what are Virginia's plans as it relates to COVID-19 vaccine and distributing across the Commonwealth.

>> Sure, can you hear me okay?

>> Sure can.

>> Great. thank you for having me here. Appreciate the chance to talk to this group. Share a lot of the hard work that has been going on. Largely behind the scenes. In terms of preparing to get COVID-19 vaccine out to folks across Virginia and everybody on this call tonight. Don't have to make the case for the need for COVID-19 vaccination. We have seen COVID-19 has really impacted everybody. Not just in terms of our health, but in the ability to go and lead our lives as we would want to. To visit with family. To, to voice it with friends. And to be part of the community. That we love, know, in Virginia, and the country and world. There are ways we can control infectious diseases. We have tried to flatten the curve with social distancing, staying at home, wearing masks. Trying to keep distance from individuals not be in crowded spaces. But we know that -- that's great, but, there is something that could be better. And could really help turn the tide in our fight with COVID-19. And that's a vaccination. We know that vaccines are safe, and effective. We have used them for thousand of years. If you go back, we have used them against smallpox, used them against all sorts of infectious diseases. They had a huge impact in society. And they allow us to keep diseased under control and allow us to really have a there mall life. Free of a lot of horrible impacts of infectious diseases. COVID-19 is no different. We have several vaccine candidates encouraging. Couple leading candidates you have heard about in the news, Moderna, Pfizer, and have effectiveness of 07%, 80%, 80%. That's impressive for a vaccine. Will make a large impact. Once we are able to get vaccine into the population. And I

think really will turn the tide with COVID-19. The trick is getting vaccine out to the population. And we know that is a very tall order. For a number of reasons. One, we won't have a lot of vaccine at first. We are going to have to figure out who should get that first little bit of vaccine, and prioritize until we reach the general population. In addition, want to make sure getting vaccine. Breaking down barriers and able to reach people, who might not otherwise be able to reach or receive that vaccine. It is going to be critical to think about that. Really be purposeful in our thought, with an equitable, AI location of vaccine. And then, also we know that, not everybody likes getting a vaccine. Nobody loves getting a shot in the arm. But some people don't understand what vaccines are, or, might have a concern about the vaccine. So we want to be sure that we are messaging and, communicating to people, that this vaccine is safe, and it is effective, and it will work. And will be, just one other thing, in, in a whole array of different tactics we have to really, fight back against COVID-19. So the FDA met today. They, looks like they are moving towards, approving an emergency use authorization for the Pfizer vaccine, one of leading two, very effective. Likely in the next few days that will become official. And then CDC advisory committee for immunization practices or AICP will make a formal recommendation for use of vaccine. At this point vaccine is likely recommended for adults. It hasn't been tested extensively in children. But we also know adults are really the driver of COVID-19 transmission here in the United States. When we look at who is going to be the first to receive the vaccine, we have a good idea of that, based on how, ACIP has met and made decisions already. That happens, several days ago. The early phases of vaccine administration campaigns are going to focus on two groups. Health care professionals and those who live or work in long term care facilities. So in other words those that might live in nursing homes or assisted living facility. We have seen, COVID-19 affect both of these populations. One the health care workers they're on the front lines. They're exposed to COVID-19, day in, day out. In large part due off to the work that they do. Also, residents and staff and assisted living facilities, skilled nursing facilities because they're in settings and have underlying health conditions, older, susceptible to illness and unfortunately as death as a result of COVID-19. With limited vaccine to start, health care personnel, staff, residents of long term care facilities. Skilled nursing assisted living facilities. Virginia department of health is working closely with hospitals, health care systems, providers across the commonwealth to find ways to connect people in these groups to vaccine. Not everybody in the groups might work in a hospital or live or work in assisted living or long term care skilled nursing facility. So we are finding ways to work with local health departments and community providers to connect people to the vaccine. Also what is coming next. In further phases we want to target essential workers, teachers, grocery store workers, bus drivers. People that literally keep the light on and keep this country running. They too have been affected by COVID-19. And they are the backbone of this country. And the industries that, can really do keep things moving forward. We think that they're likely going to be the next group A long with people that might be older or have underlying

health conditions. Again, who are at risk of COVID-19 and very severe illness and poor health outcomes including unfortunately, again, death. As a result of COVID-19. Infection. What is encouraging as we work to vaccinate groups, it will take some time. We might stumble here and there. But we are going to work hard as we can to get vaccine to the people. And to connect the people to vaccine. We are going to be thinking further down the road. We have plans to open up vaccine so everybody will eventually be able to receive vaccine, be it at your local pharmacy, your doctor's office, through a health department clinic, we have lots of different ideas. Lots of different ways to get people connected to vaccine. As we vaccinate more and more people we will start to see the end of the transmission of COVID-19. It is not going to happen overnight. We still need people to wash their hands. To wear their face masks. When they're out around people. To try to keep distance from others and avoid those large events. The vaccine isn't going to come out overnight. Not going to change things overnight. But going to make a huge difference if we give it time. Keep up the fight that we have been doing so far against COVID-19. The health department, our medical providers, everybody that we are working with is committed to making this a success. We want to answer questions. We want to allay concerns. We want to break down barriers and get vaccine to every Virginian so all of us can conquer, COVID-19. Leave it there. Happy to tack questions ooh.

know Kelly and bunch of people have stuff to share as well.

>> Thank you so much, Marshall for the comprehensive overview of -- (audio drop) to talk with us through the communication plan. Kelly, ayou there?

>> I am here, sable.

>> Excellent.

>> Thank you so much for inviting me to be here with you tonight. These community conversations are really, really important to the cause. I thank you all for coming here to share your questions and your concerns about the vaccine effort. It helps so much. In the early stages. Working with VH, orchestrate, grassroots efforts and the need for the vaccine effort. We are here right now to listen. We realize people have a lot of questions about the vaccines, and I, my members of the team are here to night to listen to your questions, so that we can ensure that, the public education effort for the COVID-19 vaccine is useful and meaningful. For all Virginians. We are also here, because -- you are our first ambassadors. You know the concerns and the questions that can be the line of communication between public health and the people in your communities. So we are really, really glad you are here and we need your help. I would be happy to walk you through our, our general planning here. But I think that what we are really trying to do here is make sure that we are available, taking notes, I have, members of my team on the call. To listen in. Essentially we want to prepare people for this. For the education. We want to build confidence and a lot of that is going to be by listening to your questions and concerns now. And we are, ultimately going to need you to be our best champions. Thank you very much.

>> Thank you, Kelly. Thank you, Marshall. Now we would look to hear from you. We have gotten a broad overview of where, where the Commonwealth of Virginia is going with vaccination distribution and as well as with communication efforts. So, now we would now, excuse me, would look to open up the floor to see if you all have any questions. And you can feel free to, to write your questions in the chat, or if you would look to verbalize your question, raise your hand, via, the, the Zoom app I can recognize you to make sure we have a bit of order. Either put your question in the chat. Or, we can -- we can raise your hand, and, you can, vocalize your question. Do you all have any questions for our epi team and from our communications team?

quiet, quiet. People may be taking some time to, to type. All right, I am seeing a question from Carlos Vazquez, what efforts are there to reach out to older, LGBTQ adults?

perhaps somebody, Kelly would look to take that?

perhaps somebody, Kelly would look to take that. Are you there?

>> I forgot to unmute. Carlos is actually one of our team members, so we are really glad to have him on the call. We actually are working with, his team, to again, we are trying very much to understand what the needs are. And so we are participating in forums like these. To understand what the needs and concerns are of various communities throughout Virginia. That's not all we are doing. We have a lot of research underway where we are certainly, initiating a lot of different discussions so we can get that intel, but right now, building the fundamentals so we understand the messages that need to be, that public health needs to communicate, and we really want to be part of this, so we can have a lot of communication, with the communities we are trying to reach. (line) we don't have, much more than that, at this point. And I think this is really where this building blocks begin.

>> Thank you, Kelly. I am seeing an additional question -- what efforts are being made or talked about for folks who may have a hard time paying for the vaccine. I work with many trans, individuals who may not have insurance or struggle financially. Marshall. Yes, happy to tackle that. A great question. This vaccine will be available at no cost to everybody in the United States. Early vaccine candidates, require two doses. Some candidates may require one dose. But we want to, we are working intentionally to make sure that people understand that, this vaccine is going to be made available at no cost. We know costs for health care can be a barrier for vaccines and for a lot of preventative care. And especially in the case of COVID-19 vaccination because it is so important to protect you, to protect your community. To really help bring an end to COVID-19. The vaccine is going to be available at no charge to everybody.

>> Thanks, MarshallHR-FRPBLGT. I am seeing a question about -- the rationale for having multiple separate community conversations. (Marshall) and I just wanted to highlight that we wanted to make sure we were holding space for as any individual identities and also allowing people to explore and make accommodations for where they stand in the intersection. So we wanted to make sure that we had separate spaces, but was wondering perhaps, Rose if you could speak to why it is special, and necessary for us to have intentional outreach for our LGBTQIA plus folks.

>> Sure, I would love to. Well I would say because of awful the intersectsality -- all of the intersectionality of people in the community, people who are African-American, Latin X, Asian, papa civic islander, American, we see there are different inequities that affect the LGBTQ plus community differently from, for example, some, like, some one who may be -- a white CIS gender male or white straight male, man. Even, an African-American woman who is CIS gender right because there are -- so many -- even issues and concerns within like -- the community or within other communities, when it comes to folks who are LGBTQ plus. I think things have gotten better, but we still have these, these issues, where somebody trying to come out to their parents, who may be Latin X who may be highly involved within the Catholic church or somebody African-American and, whose parents are highly involved like the Baptist church. May feel that they are not as accepted. Or we have issues, concerns, regarding transgender health care, people going into hospitals, face discrimination, inequities. We want to make sure that we can have conversations where people can come, together, so whether it is some body is African-American, Latin X, Latino, Latina, native American. That there is a space, literally for everyone. Because I think, I would say in terms of the vaccine distribution and how we target it, different for each community. And it may also be a little bit different for when we come, and, in terms of like, Latin X community. Or Latino community. Compared to African-American community to LGBTQ plus community. Want to make sure there is a space for everyone and people to feel comfortable. Confident in taking the vaccination.

>> Thank you, Rose. The next question that I am seeing here -- I am going to put this one towards you, Kelly. Another, specifically question about engaging young people in what is the strategy to, to target that demographic group.

>> Thank you, sable. The question is how we are going to reach young people.

>> Uh-huh.

>> So we have first of all, we definitely are here to build those tools. Right. To get the right tools, right messages in the hand of the messengers appropriate for those groups. That has been, kind of our approach all of along. We have been working with the VDH for months on the pandemic response. And, in that, includes, a lot of work targeting young adults in the 18 to 20-something, 29 category. We work certainly through a number of different --

method, right, we always do this on a local level. We consult with people on the local left to understand what the needs are, because they very from different places to different parts of the state. But, I think as we move into the conversation about vaccine, again, we definitely need to understand what the concerns are, that are specific for that audience, participating in conversations like these, and research and with partners to get a handle on what the questions are so we can be responsive to the needs.

>> Thanks, Kelly. Marshall, next question, I heard that people who have allergies, to meds and food should avoid the current Pfizer vaccine. True?

what would some one do in that case?

>> Sure, another great question. We don't know for sure unwill we see FDA emergency use authorization as well as ACIP recommendations. What kind of precautions?

or contra indications are warranted for the COVID-19 vaccine. We know for most vaccines they're safe, effective. Most people can get them. They might have side effects. Little pain, in the arm, where they get the vaccine. They might be a little fatigued the next day. Really the vaccine doing its job in your immune system working to build a good immune response. But if there are specific contraindications reasons for you not to get a vaccine, that will be stated up front. I think that is very important to know. And always important to talk to your health care provider and discuss the concerns when you go to get your vaccine. The nice thing is we have got a lot of vaccines that are in the pipeline. So, if you are contraindicated to get the Pfizer vaccine maybe Moderna or, one of the other vaccines being developed is one that you could receive.

>> Excellent. Similar question, do we have any information from the trials, if being on hormone replacement therapy is contraindicates for taking a vaccine

>> I am not aware of that. I haven't seen across any vaccines that are distributed that hormone replacement therapy would be contraindication or precaution. For the most part the way that vaccines are formulated and administered, I wouldn't think that there would be any kind of interaction. Disclaimer, not a medical professional. And look to the FDA, ACIP recommendations. But not aware of any contraindications or precautions on that sort of instance.

>> Thank you, Marshall. Kelly, next question for you. It says, as a provider, I have a hard time convincing many clients to even get a flu vaccine. With certainly warranted concerns of being IMMUNOcompromised what is being developed to convince patient to receive the vaccine?

>> Yeah, what we try to do is we free to tack a lot of information, like Marshall is providing and educate the public about what, what the vaccine is, and, and, isn't. And so, we definitely know there are concerns about the safety and, so forth. So we start with that. In terms of -- you know, convincing somebody to do it. Really need to be armed with with information, understand it. Only way to do that is really not just provide the information but to, but to listen to the concerns that are, are there. So when people say they don't want to tack a flu shot, a name were of reasons why they don't want to do that. And, really, it helps to get to the bottom of what is driving it. So I guess that's where you start. You understand what the barriers are. And, try to help, help, communicate -- effectively about what -- what we, what can be addressed. Does that answer your question?

>> Thanks, Kelly. Yeah. Marshall, next question is going to be for you. The question is whether or not, VDH is working with advocacy groups, Equality Virginia or similar organizations to understand needs and distribute information and was also wondering if you could share with the group a little bit about our partnership, subworking group and how they're looking to engage?

>> Sure, I will start off by saying we are not working with any of the groups that, people are thinking of. We want to be working with the groups. Just look Kelly was saying, such a big part of the work that we do to understand what drives people to get a vaccine or not want a vaccine is listening, engaging. We want to do that. If your group has not engaged yet. Interested, please let us know. I have seen a lot of suggestions lot of great groups. Equality Virginia. Side by side. That have been dropped in the chat. I think we want to engage and work with all of these groups. Carlos and Kelly, and a whole team of people are really working on -- on communications and engaging with different communities and groups. To listen to them. To hear what their concerns are, what drives them, to, to look I said want or not want a vaccine. We take that to heart. We message. We use our communications. And we reach out to groups in different ways. To try to get our message out to the groups. Try to tailor our communications to the groups. So, we really want to hear from you all. And we want to tack that to heart A again make a partnership with you. We know it is a lot of work. But we know we can't do that by ourselves. We need the groups to really help us. They say, arriving time, -- all ships, this is very much a good example of that.

>> Thanks, marshall. The next question I have, seeing a lot of really great networking, folks putting their contact information in the chat and their willingness to, to share information. And, to provide additional inseeing the to us. So thank you so much for, this networking that is happening in the chat right now. I scrolled, almost, to the bottom. The next question is for you, Marshall if any body has questions feel free, type them in the chat or raise your hand so we can recognize you to, say, to speak it orally. But the last question -- that I am seeing is, are there any issues with any medications or treatment at this point in time?

including, but not limited to, chemoor cancer treatment?

>> Great question. I don't think so at this point in time based on what I have seen and again. We are still waiting for FDA and ACIP to release their official information. We do know the Pfizer vaccine has been used in the united kingdom. We looked closely at how things have unfolded over there. Doesn't look like contraindications for the vaccine. I think it is important for you to tack with your health care provider. To be sure that you are healthy enough to receive the vaccine. And had the discussion about any potential medication, side effects. Concerns that you have. But the way that these early vaccines are made, they're not live virus vaccines. So there is really not a concern in terms of administering them to people that IMMUNOcompromised always good to talk to your provider to make sure that in your, individual circumstance, you are okay to receive the vaccine.

>> Thank you, Marshall. I am scrolling through. Not seeing any additional questions in the chat. Or any hand raised for, for folks to, to, ask their question orally. But this is again, just the beginning of our conversation. We are hoping that if AEPG else comes to mind we have some other space, for us to hear from you on the other side of the two other speakers. Before we move on to the second part of our chat today. Wanting to thank, Kelly, and, Marshall, and Rose Minor for being on to provide some, administrative framework. And to just share information that hopefully we can impart

to our community about, about how things are progressing with our vaccine plans. Here in the commonwealth. I am seeing, a little more time for question and answer. So, I do see a question in the chat. Marshall, has there been any research in regard to the vaccine as it relates to HIV?

>> Good question, just about to type a rinse to that. I would say, yes. When we look at how vaccines are improved. Very important thing to focus on here. We haven't taken any short cuts. We have done our true due diligence in terms of really studying this vaccine. Helped reduce the time as we, manufacturing the vaccine at the same time that it has been going through clinical trials to cut down on the length of time it takes for the vaccine to be available. But as we go through clinical trials, early clinical trials, really focus on just a, a small group of individuals. So we are really looking at is the vaccine safe, does it actually work, creating immune response?

as we go through clinical trials we start to enroll more and more people into the clinical trials. Because we want to look at that data and be able to make it representative of the population that is going to receive the vaccine. I would image that people who might have HIV infection are part of the, clinical trials, I'm certain that they must be. And we are looking at how an individual's -- that might have HIV infection or be immunocompromised respond to the vaccine and whether the vaccine is safe. In fact because they're part of that population, part of that group, for clinical trials, we can kind of extrapolate our recommendations, to larger populations as a whole. And so that's why those, those phase three clinical trials are larger and have variety of individuals so they're representative of the population, so that we know, at the end of those trials, when we look at the data, that we can apply that to the larger population and say, with a great amount of confidence that the vaccine is safe and effective in those sorts of populations.

>> Thank you. Thank you. Now we are going to hear from our community folks. So the first person we will hear from is James millner, interim executive director at Virginia pride. James are you there?

>> Yes, hello, everyone, I'm the interim executive director of Virginia pride. I see a lot of folks here that I know. A lot of, friends acquaintances, great to be a part of this. I just want to say thanks to, to the Virginia department of health and governor's office for organizing this important conversation. Which I hope will be the first of many. Whether, it, continues as sort of larger groups like this or whether there are -- dialogues that result as, result from this, this event between those of us that have in positions of leadership in our community or otherwise have influence among, LGBTQ folks. Oddly enough a previous life before I moved to Richmond I actually worked with national intertights of health, specifically Dr. Fauci, national institute of allergy and infectious diseases on a research project in a communications campaign to determine Americans attitudes about vaccine research and to educate them about vaccine research. That focused on populations, LGBTQ,

black folks, Latin X folks. A lot of the Di cushion that we have had here tonight, mirror exactly what we did. We did, significant national research. Focus groups. And, and a lot of the issues and barriers that, that are in place around vaccines and people's understanding and acceptance of them come from their experiences how they live their daily lives, whether a distrust of the medical establishment, rooted in the TUSKEEGEE experiments for black folks, an example of that. But it's, it's -- what we, what we discovered, the most effective way to address the issues and barriers to people, accepting vaccines understanding the research was, that, that they got their information, trusted information, trusted the information that came from -- folks that they knew in the communities. In the communities people that looked like them. Whether they were -- community leaders, whether they were friends. Whether they were family members. Whether they were religious leaders. And so I think that's why this kind of conversation is so important for us to have. Because they think, I think that those who are participating in this, obviously, feel passionately about this and see that we have a really to play, in ensuring that, that, the folks that need, the folks that will benefit from this vaccine in our community, specifically early on, I think are ones we need to provide accurate information and, and being trusted, ash tores of information for them. I think it is perfectly normal for people to have questions and to concerns around a vaccine. I think it is also, our responsibility to make sure that we are -- that we are well informed around vaccines specially this vaccine. And, obviously, the folks asking these questions, are seeking that kind of information. So, I just, I again, thank you to everybody for being a part of this. I just want to say that, personally, and in my role with Virginia Pride, I'm committed to doing everything I can to ensuring that, the LGBTQ community, specifically, every Virginian, every American has access to this vaccine. You know, I think, as we have already said, COVID-19 has completely transformed our lives from a year ago. Looking at a facebook memory from a year ago, actually, at the, that I took, picture that I took, of the unveiling of rumors of war. I thought about the fact that as I was standing there thinking about significance of that what it meant for the future, I had no, obviously nobody knew that this was what was going to happen in the next 12 months. And how different our lives are now and how, how, are now. But the way that we get back to an sort of semblance of normal, is with this vaccine. So, I think it is incumbent upon all of us, encourage all of us to do everything we can to ensure our community is, has access off to the vaccine. That their concerns and their fears are addressed. And that we eliminate any barrier that exists that we possibly can. To ensuring people access to this vaccine.

>> Thank you, James. And now we will hear from Natasha Crosby to, to tell us, their perspective. Natasha, are you there?

woops.

>> Hi, can you hear me okay?

>> Sure can. >> Awesome. Thank you. I am Natasha Crosby, president of the Richmond LGBTQ chamber, appreciate the VDH putting this on alug me to give some remarks. So, in rolling out the COVID-19 vaccine, it is imperative that health care providers not only gain the trust of marginalized communities, but, establish trust

worthiness. (allowing) there is a lopping history of disparities and quite frankly, bigotry and racism within health care, that will pose a direct conflict in gaining the trust of the communities who need this vaccine the most. No one wants to feel like a guinea pig. As a black, LGBTQ member of this community, vaccines they give me pause. We can reference the syphilis trials in TUSKEEGEE here in central Virginia there is a long history of medical injustice directed towards morningallized people of our community. This distrust it has been earned. And it will take hard work to regain the trust of those that, this, this was inflicted upon. So how do we do it?

(marginalized) making this vaccine accessible to all wit no cost is a great step. But to build trust -- a vocalized plan to help those who may have adverse reactions should be addressed also with no cost associated. Let people know, not only is the vaccine safe, but in the event you suffer difficulties, there will be good care available to you. Also, let's not just tell people it works. Let's show people the science. And, and, VDH, Marshall great job tonight in doing that. The medical community. In working on this vaccine, they said that they would follow the science. They would not put up a vaccine that wasn't -- wasn't tested. And sound. So making the details available to everyone, could go a long way in gaining the public trust. Finally, let's be brave. Let's be courageous and name the elephant in the room. And acknowledge our history -- and the great miscarriage of trust our health care system has administered. We need, an effective vaccine right now. We all know that. But we must work to gain the trust of those who have been wronged. And give grace to those who will take more time -- be comfortable with a vaccination. Thank you guys for your time.

>> Thank you, Natasha for your comments. I think that both names and Natasha did a very good job of setting the stage and, and, for why we are -- devoting the rest of our tomb together to, hear from you. In a public comment format. So, there were a lot, lot of specific, populations, and, specific needs that were mentioned in the chat earlier. But I am now going to give the opportunity for the individuals who have assembled on this call to, to articulate, you have heard -- Kelly and K Marshall, Rose Minor talking importance of us being able to share the information and for us to really, as state workers to tack a step back and, utilize this opportunity to listen and observe, twice as often as we speak. And really hear from community what the needs are. So, at this point, I am going to step back. If you all could raise your hands so we could, could make sure that we have your line up muted. And, each person is going to have -- a minute to, to, -- go through -- and, express a -- public comment. Keeping time on telephone. And, as soon as you hear -- the, the alarm, if you could wrap up your thoughts. Looking forward to hearing from you. You can either raise your hand in the -- in the zoom or you can indicate, in the chat. That you would look to be recognized. All right. Let's see. I am not seeing any hands raised. And I'm not seeing yet a -- comment in the chat. Thank you, Marshall, for answering that question. Are there any, any body who would look to make a comment?

>> I have a question.

>> Go ahead.

>> Can you hear me?

okay. I have two questions. I'm sorry if I missed this. How -- how, in might have been mentioned how diverse was the population that was -- being tested for the vaccine?

do we know that?

Marshall, if you could, we wanted to hold space, this person couldn't have their question answered before?

>> Sure, so I can't comment with, with extreme details I have not read the different papers and some of what has come out of clinical trials with regards to the population. But again, what we do research on vaccine safety and efficacy, you know, early trials use a very small group of individuals. But, as time goes on in the clinical trial process, we try to get people from all walks of life, all TKEUF representative. Underlying health conditions, areas of the country, to, to enroll in these clinical trials. Because we want to make them truly representative of the population that need to be receiving the vaccine. So, I think we are very confident that the population was adult, depending on the vaccine manufacturer, populations different in terms of age makeup for the especially the phase three clinical trials. But they're getting people with underlying health conditions. They're getting people through, socioeconomic status and backgrounds. Because they want to make the -- make the results of the clinical trial, applicable to the population of -- of the United States as a whole. Clinical trials across world as well. That's something that people strive to do in clinical trials. Not only the right thing to do, but it gives us confidence in making recommendation. So FDA, ACIP, look at a lot of that data. A lot gets distilled down and presented to them as part of making a recommendation. So, I have, a great amount of confidence that, that -- the population especially in that phase three clinical trial, is very representative of the population of America, and as a whole, and, and the, recommendations that are going to come out -- of that, or better based on the clinical trials. Will be set.

>> Thank you.

>> My other question, what about are we worried, concerned about the distribution with the, how hold cold we have to keep this vaccine?

>> Another great question. The Pfizer vaccine needs to be stored at ultralow, ultracold temperatures. As cold as negative 70 degrees celsius. I heard somebody say, depending where you are in the United States if you walk outside in the dead of winter it might feel that cold but maybe just keep the vaccine out there. But, it's not going to work. There are complexities with cold chain for at least the Pfizer vaccine. All, vaccines need some kind of cold chain to keep them potent and effective. They have done a good job. They engineered a thermal shipper that is, kind of a large, box, that is filled with dry ice and then the vials of vaccine are placed in that. And it can be recharged multiple times with dry ice. So you don't need, a specialized freezer, that would get you really, really cold temperatures. Other vaccine candidates actually, can be just, frozen at what we would call normal. Freezer temperature. Or even stored in the refrigerator. So, a lot of

our planning has been -- surrounding, how the ship and store the vaccine and, how to, how to have it kept at right temperature so the can be potent and effective of course. When it is administered. Don't worry, it gets warmed up before it gets administered, not going to get negative 70 degree celsius vaccine in your arm when you get the vaccine.

>> Thank you so much.

>> Sure.

>> Thank you.

>> That was, thank you so much for your question. But, before, we will, have, reserve time if there are any other questions from our VDH team. But, this, just wanted to again open up the floor for any comments that people have. I'm seeing a person, Caleb had a comment in the chat. Did you want to contextualize your comment there? for us to hear. Caleb?

>> Hi.

>> Hello.

>> I just wanted to, that was great that this is being made available for free because -- my fiancée doesn't have insurance we were scared that we wouldn't be able to get the vaccine for him. So, this was like, it was really emotional to hear that it was going to be free.

>> Thank you, KR-FRPLGTS AFRPLGTS leb -FRPBLT. And I also see that, that Jen -- made a comment, in, the chat. Jen, jean. She was responding to the question from Susan. Which really helps to set the framework for what we trying to accomplish tonight. What are the pieces you would look for VDH to hear an the governor's office to hear as we are developing -- our COVID-19 plan and strategies?

Jen?

if you want to contextualize your comment?

>> I was saying that I thought a good idea, asked how to get messaging out, a good idea would just be -- to reach out to -- LGBTQ organizations in Richmond and those that we know that -- serving the most vulnerable. Particularly, I think the trans, community, and have, those folks create messaging and maybe even -- also thinking like video messaging or things like that where folks are seeing themselves representative. That way they are able to --

gain more trust in the vaccine. Especially with what -- I think Natasha was saying as well.

>> Thank you, Jen. Before we switch back to questions. I want to see if there were comments people would look to make. Any other important, populations that we need to be aware of. Any engagement strategies that we should be aware of. If you could -- either EUPD Kate in the chat that you would look to have -- indicate in the chat that you would look to have your line unmuted or raise your hand so you can be recognized. Anybody else like to make a comment?

>> Hi, there my name is Jerry. Can you hear me?

>>Y, we can hear you. I work at crossover health care ministry, biggest population that we serve, will be Latin X population and a of them are undocumented. As you can imagine many are even scared to, to get -- even be on a call look this that has to do with the government because they're afraid that, it is going to -- it is going to jeopardize their stay here in the United States. How are we communicating towards that population?

to make, I would assume going to be free for them, how we will encourage them to get vaccinated. Man of them, as, as the results come in, a lot of, a lot of the -- people that COVID-19 are from the Latin X. That's because they're so scared to get tested they didn't have insurance, they don't have status in the United States. So -- they're worried.

>> Thank you so much for sharing that. I see that, BERLINE Lewis is trying to speak. Are you, able to, able to, trouble shoot your audio issues?

it looks like we might have lost them. Jonathan, I see your hand raised?

>> Yes, hello, everyone. I want to add the comment when messaging out to the communities. And getting engagement from community to educate those to take the vaccine that's you provide as much information, especially when it deals with co-morbidities. I appreciate all of the, all of the different questions around, HIV working in the, in the field of HIV, that is a big concern. Is, is COVID-19 and contracting COVID-19. HIV and contracting COVID-19. So, if we can really beef up the information about, the co-morbidities and those that have been in the trials, that might have -- had, you know, different types of -- co-morbidities and took the vaccine and the results of that. That would be greatly appreciated. I think very valuable and helpful.

>> Thank you, Jonathan. I'm seeing that, Rose has a quick question for Marshall. Before we, I just want to do one more scan. For, for comments before I turn things over to Rose to quick low ask her question. Any other community comments?

all right, Natasha.

>> Thanks, Sable.

>> I did want to speak to -- what I believe -- Jerry was mentioning about -- our, our undocumented community. And how -- this speaks to the nature of -- what we have come, come to, in this, in this fight against COVID-19. And how we are having to relate this to -- the other fights that are going on. It is unfair that people are being -- dying at higher rates or catching, COVID-19 at higher rates. Simply because -- they are the people who have been viewed as marginalized. And so, when, when I speak about that -- you know having the courage to, to, name the monster in the room. That's one of the monsters. How are we going to overcome that idea, that if I go off to the hospital, to go get this vaccination, I might not make it home. That is a real threat to people in our community. The same way a real threat to the black community. Who have been victims of vaccinations in the past. People in the LGBTQ community who experience disparities. In health care. We have to name the monster in the room. Because without doing so --

we are not really answering the questions that people in our communities actually have about these vaccines. How am I going to stay safe?

when the history is, I haven't been safe. We have to speak to what is really the heart of why people don't want to take this vaccine. And change the minds of the folks who have put in this -- this idea of marginalization that has brought us to this point. Thanks again. Thank you, Natashament I am not seeing any other hands raised. Or any other folk whose have indicated they would want to make a comment. So, I am seeing, a lot of questions, pop up in the chat. So, we are going to return to the Q/A portion. Information, percolates, people have additional questions. So I am going to reach out to Rose Minor, you had a quick question, then we can go back through and make sure that the rest of the questions in the chat box are addressed. Rose, are you there?

>> Yeah, I am sheer. Kind of also, question/comment. And just kind of thinking about -- things. And I really appreciate Marshall talking about the freezers and also how cold the vaccines actually have to be. I guess, I am, I am concerned about, I am also, quite a little concerned, quite, quite a bit concerned about LGBTQ plus community members living in rural areas. Just with the lack of clinics. Alreadien rural areas as well as hospitals. As well as the fact that, that you know folks have told me that a lot of times it's people have to see a provider outside of their area or they don't feel comfortable going into, going into, a particular clinic. Going into a clinic and receiving care. Then you look at transportation issue. Then I guess some times you look at weather too, like for example, southwest Virginia they can really get down to, heavily with snow. Just wondering --

like, I guess, MarshalHR-FRPLTS or other staff's thoughts on I guess making sure that, that -- folk whose are in like rural communities, particularly, LGBTQ plus people, feel, feel, like, like, I am just trying to figure out how, how it is going to kind of work, particularly in the rural areas where, they're just not as many, clinics or not as many doctors, or, or, you know, to see.

>> Sure, I am happy to tackle that rose. Thank you for bringing that up. Virginia is a really unique state. My partners family lives in Virginia, and so when we are out there, visiting them, it is very striking to me, how -- how radically different access to care is. You know, just two hours west of where we are in the Richmond area. And I think we all acknowledge that. But we all have to really keep that in the forefront of our minds. When we are operating in terms of, looking at how to get people connected to vaccine. I think that is a great point. Especially, all of the factors that you bring up. Not just a number of providers that are out there. One thing that is great with COVID-19 vaccine. Actually come out of the federal level. The increase addability for pharmacist, pharmacy technicians to provide COVID-19 vaccine. If you told me, 10, 15 years ago you can go to the pharmacy and get a shot.

I would have said you are crazy. I go to the pharmacy when I am sick, need antibiotics. Now, more than ever, pharmacists are really part of -- of community medicine. And they're able to provide vaccines. And do blood pressure checks. And really help with a lot of preventative medicine, not just there to provide a prescription to you. So woe are trying to engage pharmacies, pharmacy sec nations and I would say nontraditional, providers, for, for providing vaccine to people, when it K-PLZ to trying to get COVID-19 out, COVID-19 vaccine rather out into the community. And I think we can really -- actually leverage -- -- the things that make rural communities

special. We as provider, retired nurses, doctors that maybe moved out to the country to retire or people that we wouldn't traditionally think of as being, vaccinators, but that we could train, and help bring on board as volunteers to be volunteer vaccinators. We are looking at

all of that. To really try to -- to have, force multipliers in our work force of people that can help administer that vaccine. I think one thing we really have a huge advantage with here in Virginia is our local health department. I worked at a local health department a number of years and the people that work at local health departments are from those communities. They know their communities, they know how to reach out to people. They know, why people might have just trusted them. They trusted them. How to best connect to them. And they literally know their neighbors, the people, down the road, that they can call on. Not only to help them their family in time of crisis, but to also mobilize people to get vaccine out to them or to be part of, of such an historic effort like this. So, I think we are going to lean on those partnerships. Those people that we know and know of communities on a local level and mobilize the individuals and call them to action to

get vaccine out to people. And, we are working hard on that. We have got a huge hill to climb. But I think that's kind of a secret card that we have in our back pocket that can play in this instance. Thank you, marshal. I have a question for you in the chat that has come up there. But a report recently the CDC was going to require people to submit their name, address, and personal information in order to get the vaccine. Is Virginia going to require that.

>> That's a great question. Answer is yes/no. So in order for anybody to administer a vaccine, whenever you go to the doctor, they have to verify your identity. Right. Not necessarily your residency, but, that you are who you are. They have to know they're talking to me. That's part of the reason why we need to know things. Like your name, and your date of birth. When you go in for vaccine. We do collect some information with COVID-19 we are going to have to contact you to come back for a second dose of vaccine. But the important thing to remember, there are two important things to remember. One, when we collect that information, we collect that, we have to hold that in privacy. That is part of, of your bond, your trust, with us. In a provider patient relationship. We can't release that information. To just anybody. Because we are not allowed to. There are, there are laws in Virginia, federal laws and just the ethics of providing care to people. That dictate that

we have to protect that information that you share with us. If you were to tell us personal information, yourself, family, what is going on in your life. We can't share that with other people. And then also, we do have to report to CDC the number of people that we vaccinated, but because we have to keep that information, so closely protected, we signed a data use agreement with CDC we are not sending information to them. I am proud of Virginia because we take such great steps to protect health information. We actually had to work with CDC, and really dial back the information that we are going to send them so that no personally identifiable information, can ever be transmitted to CDC. We need to be transparent and show that we have administered a certain number of doses of vaccine, to, you know, certain, numbers of individuals, that

live in different areas of the state but we are not going to take your personal health information or your identity. And do anything used to harm you, judge you compromise who you are what you do here. That's not what we are about.

I really want people to understand that, especially, VDH, but any one who is administering vaccine, they have to agree to these it comes down to being ethical. Doing the right thing. Reducing barriers, stigma, anything like that. To make sure everybody has access to vaccine. I hope you can tell I am passionate about that

I think I speak for everybody at VDH, VDH employs people and works with people that are passionate about that as well. We want people to know that.

>> Thank you, Marshall. I see Rachel Kay, in the chat indicated that they had a question. Rachel, are you there?

>> Can you hear me?

>> Yes, indeed. Don't know if my video is working. Don't think it is. My question is, do you really think that the vaccinations are going to be limited to hospitals?

like hospital, I mean hospitals or like official health clinic or are there going to be, or plans to -- to have any sort of, mobile units that can drive out to like -- rural, anywhere from rural areas to, to -- getting some, it might be an easier penetration into like a community of undocumented people who don't want to enter, you know a large hospital where there is anybody looking around. Who can guess what is going on and see your business. I know there have been issues maybe not here, medical providers in other, bystanders in the scenarios like calling and cooperating with I.C.E.

I know that, a lot of people don't do that here. I'm from an area where that happens. Or has happened. Talking about this kind of thing. People, are there any plans or funding to deal with, kind of taking things out of like official hospital environment?

>> Happy to answer that if you would look me to. I think that is a great question. That's something that is definitely, on our minds. I think again local health departments are good at that. They're kind of, I guess dating myself here, I really like McTKPWAOEUF, you know, always had a Swiss army knife. What he relied on. Could do anything. And, local health departments are like Swiss army knives. They know their communities. And they adapt so well. I think they have ability to reach into their communities and reach out to more communities, with mobile vaccine clinics, clinics, maybe nontraditional places. To go out and reach people who may not be able to come to them and really think proactively as you said, Rachel about maybe people have distrust of health care. How do we reach out to those individuals. And so I think a lot of our local health departments because they know their communities so well. Are really going to be thinking heavily about that. But we are thinking about that at a state level as well. I think what's great too, we have so many kind of nontraditional vaccinators, that, you know many people are afraid of going to a hospital. Or, you know, a big medical office building. But they're very comfortable being in their local grocery store and a pharmacy there. So they might be able to get a vaccine there. We are thinking outside of the box. When I think back to N1H1, over ten years when I

first joined public health after I graduated and TKPW the into the profession. We are thinking so much differently. And we are being creative. That's going to make a huge difference. We are, wanting to be equitable and to think through the sorts of things. And to confront any of the fears, and address them. An make sure that people have access to vaccine.

>> Absolutely. Someone in the chat indicated that they found out from their dentist they received a letter from the Virginia dental association. Asking if their dental practice would look to provide vac nations?

so, definitely, underscoring we are seeing in real time people are seeing, that, thinking out of the box that you were just talking about. Wanting now to call on, James Millner, a rinse to one of Marshall's comments. James, are you there?

>> Yeah, I am. Just wanted to say thank you for the information about the ID requirements and that kind of thing. I think that is KW-G to be a challenge for a lot of folks. Because there is going to be a lot of misinformation that goes on around that. I think there are perceptions, fears that maybe aren't based fully in fact around that. That is going to be present huge barriers. I also worry any sort of ID requirement is going to discourage or prevent undocumented and transfolks, who may be, have not -- updated their legal, identifications or don't have it at all. So, you know, I think, I think that's an area where -- I suggest we all work together on that. Because I think those that work in those spaces, will have some idea of how to address those types of things. Whether through health clinics, health brigade, daily planet or places like that, that have history and experience of working with undocumented populations and trans, folks. I think that's going to be really key. But, but I think, you know, my, my concern is that any sort of -- situation in which someone has to really identify themselves, in order to get the vaccine, maybe a challenge for a lot of people who are in fact, most at risk for COVID-19.

>> Really great point. James. Thank you, eye opening for me as somebody again, really passionate about this. Want people to have, access to vaccine. We need to hear these comments. I think weed into to hear, because we, we don't always, think that way, necessarily. And we need to be exposed to the view points. And those thoughts. And, hear them. And, and you know, Kelly and Carlos, and, the health equity working group. And, a lot of the other folks working on this, I think take those. They really do, do take them to heart. We want to work with you and form the partnerships to be able to maybe make some targeted outreach efforts or help, allay concerns for sure.

>> Absolutely. Thank you, MarshalHR-FRPLGTS, thank you, James. Just scrolling through to make sure. Seeing some good conversations happening in the chat. And, thank you to everyone, for, for participating and sharing your comments and questions in the chat. And, and again, we are still, wanting to hear from you. We have, several, about 15 minutes left of our chatting type. Today. So just going to again, step back and open up the floor to see, if there are any other questions, comments, or concerns, that people would look to raise. For the hearing of our governor's office. Colleagues as well as my colleagues at Virginia department of health. I am seeing a question. In the chat. Is it too late for residential providers to to join the federal pharmacy program?

>> Happy to answer that one. If eligible to join the federal long term care pharmacy program they were automatically opted in. In Virginia. So anybody who is eligible for that should be opted in. We have some folks that, that, maybe weren't interested and you know, we have kind of reached out to them and talked to them about that. What I would encourage people to do if not sure, reach out to local health department

We have a lot of planning discussions going on. At the local level. That local health department again is going to have that best relationship with these different facilities. To be able to make sure that they're enrolled and, you know, if, if, just, in worst case scenario they weren't enrolled in the program that local health department could work with that, that entity with the provider, to make sure that they had access to that vaccine.

>> Thank you, marshal. Seeing, that Steve has a comment. Are you there?

>> I am. Can you hear me?

>> Yes.

>> Yeah, this is Charles, from, safe space NOVA, a quick question, a lot of the youth that we are dealing with, right, are -- are, maybe homeless. We could be a conduit to them. What thinking, research, campaign, for homeless that we may not get, through social media, or some of the normal ways of outreach. It play have to be more targeted. Is there any thought on how we could better do that?

any thinking around that.

>> Kelly, are you there?

>> Yeah, sure. Hi. So, yes, I mean again we work with our local partners, we work with our local health department. A lot of, you know public health has been -- coordinating with folks a long time. Multiple levels. So, you know a big part of that is -- consulting with, with, those groups to understand how to reach a number of people. And so --

a lot of the systems are in place. But I think forums like these are really, really helpful for us to understand. What we are missing. How we can do better. How we can hear, understand, you know, what is resonating not just the message but the way people receive information. You know, that is a, that is a long, you know, ongoing process. And so, I think -- listening to the comments tonight. And I think, they're clearly, opportunities of, abound. For us to, to really --

refine communication, COVID-19 or something else. Going to always be improved. This is such an important topic. One that is, it is emotional one. Definitely is an important thing that we need to be paying attention. I would say, you know, we start at the local level. We have forums like these to understand. But our ears are to the ground. And so, I think, you know, if you -- are on this call you have a recommendation for a better way to connect. With any of the audiences. S presend your email address, I would be interested in speaking with you.

>> Thank you so much for that. For your -- KPHEPT and question Charles, for your response, Kelly. I am seeing a comment in the chat that perhaps the homeless we could use some of the strategies that were used for the census. I think that creates

natural synergy for work, office of the secretary of the commonwealth did during the efforts, apply the lessons learned. So thank you, James, for raising that. In the point. Raising that in the chat. As Kelly mentioned this is going to be -- this is just the beginning of us opening the door. And continuing and starting to have these conversations. We know that -- not everybody who was able to, register was able to join us, a burning thought that hit you at 2:00 in the morning. Let you know we are following up to the individual whose have registered. For this event. We are going to be sending -- the recording out. We have been taking copious notes. About the question that have been

raised in the chat. And also, for those of you all who raised questions when you registered, we are going to be collecting all that information to truly tailor our response. To make sure that we are -- giving the, the residents of the commonwealth the information that answers their questions and, would really best serve them to make, make, educated and informed decision as but their health and the health of their families. So, just wanting to thank everyone. You all will be receiving an Email from, from our OHE account. Thank you to our, presenters. And, we have about, 10 more minutes, nine more minutes left. And just, really wanted to, again, just, make sure that we -- are holding all of the spay that we can, hoping that you will -- space that we can, hoping that you will all accept this challenge as information ambassadors and for caring and, invested members of community to tack what you have shared on the webinar, share with

your community, us working collaboratively, that's how we are going to get to the space where we are, in a healthier, with the healthiest Virginia that we can be. So, thank you, everyone. For participating. And that's, I am just going over to make sure there aren't any other --

questions. Or comments, in the, the chat. I am not seeing any. Not seeing any other hands raised. But, I am loving all of this networking happening in the chat. I am hoping that you all found this helpful. We will be having additional conversations especially as we get closer, to, to general population, vaccination efforts. Thank you to all of our panelists. Thank you to all of you for joining us this evening. And I hope that you all have a good rest of your Thursday evening. Bye, everyone.